## 2 <u>ESSB 6641</u> - H COMM AMD **ADOPTED 3-7-02**

By Committee on Education

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- 5 Strike everything after the enacting clause and insert the 6 following:
- 7 "NEW SECTION. Sec. 1. A new section is added to chapter 28A.210
- 8 RCW to read as follows:
- 9 The legislature finds that diabetes imposes significant health
- 10 risks to students enrolled in the state's public schools and that
- 11 providing for the medical needs of students with diabetes is crucial to
- 12 ensure both the safety of students with diabetes and their ability to
- 13 obtain the education guaranteed to all citizens of the state. The
- 14 legislature also finds that children with diabetes can and should be
- 15 provided with a safe learning environment and access to all other
- 16 nonacademic school sponsored activities. The legislature further finds
- 17 that an individual health plan for each child with diabetes should be
- 18 in place in the student's school and should include provisions for a
- 19 parental signed release form, medical equipment and storage capacity,
- 20 and exemptions from school policies, school schedule, meals and eating,
- 21 disaster preparedness, inservice training for staff, legal documents
- 22 for parent-designated adults who may provide care, as needed, and
- 23 personnel guidelines describing who may assume responsibility for
- 24 activities contained in the student's individual health plan.
- 25 NEW SECTION. Sec. 2. A new section is added to chapter 28A.210
- 26 RCW to read as follows:
- 27 (1) School districts shall provide individual health plans for
- 28 students with diabetes, subject to the following conditions:
- 29 (a) The board of directors of the school district shall adopt
- 30 policies to be followed for students with diabetes. The policies shall
- 31 include, but need not be limited to:
- 32 (i) The acquisition of parent requests and instructions;
- 33 (ii) The acquisition of orders from licensed health professionals
- 34 prescribing within the scope of their prescriptive authority for
- 35 monitoring and treatment at school;

- 1 (iii) The provision for storage of medical equipment and medication 2 provided by the parent;
- (iv) The provision for students to perform blood glucose tests, administer insulin, treat hypoglycemia and hyperglycemia, and have easy access to necessary supplies and equipment to perform monitoring and treatment functions as specified in the individual health plan. The policies shall include the option for students to carry on their persons the necessary supplies and equipment and the option to perform monitoring and treatment functions in the students' classrooms;
- (v) The establishment of school policy exceptions necessary to accommodate the students' needs to eat whenever and wherever necessary, have easy, unrestricted access to water and bathroom use, have provisions made for parties at school when food is served, eat meals and snacks on time, and other necessary exceptions as described in the individual health plan;
- 16 (vi) The assurance that school meals are never withheld because of 17 nonpayment of fees or disciplinary action;
- (vii) A description of the students' school day schedules for timing of meals, snacks, blood sugar testing, insulin injections, and related activities;
- 21 (viii) The development of individual emergency preparedness plans;

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- (ix) The establishment of inservice training for staff on symptoms, treatment, and monitoring of students with diabetes and on the additional observations that may be needed in different situations that may arise during the school day and during school sponsored activities;
- 26 (x) The distribution of the individual health plan to appropriate 27 staff based on the students' needs and staff level of contact with the 28 students;
- 29 (xi) The possession of legal documents for parent-designated adults 30 to provide care, if needed;
- (xii) The description of policies that specify who may assume responsibility for activities contained in the student's individual health plan as determined by statute, rule, nursing care quality assurance commission guidelines, and best practices; and
- 35 (xiii) The updating of the individual health plan at least annually 36 or more frequently, as needed; and
- 37 (b) The board of directors, in the course of developing the 38 policies in (a) of this subsection, shall seek advice from one or more

- 1 licensed physicians or nurses or diabetes educators who are nationally
  2 certified.
- 3 (2)(a) For the purposes of this section, "parent-designated adult"
  4 means a volunteer, who may be a school district employee, who receives
  5 additional training from or through the parents, and who provides care
  6 for the child consistent with the individual health plan.
- 7 (b) To be eligible to be a parent-designated adult, a school 8 district employee not licensed under chapter 18.79 or 18.88A RCW shall 9 file, without coercion by the employer, a voluntary written, current, 10 and unexpired letter of intent stating the employee's willingness to be a parent-designated adult. If a school employee who is not licensed 11 under chapter 18.79 or 18.88A RCW chooses not to file a letter under 12 this section, the employee shall not be subject to any employer 13 reprisal or disciplinary action for refusing to file a letter. 14
- 15 (3) The board of directors shall designate a professional person licensed under chapter 18.71, 18.57, or 18.79 RCW as it applies to 16 registered nurses and advanced registered nurse practitioners, to 17 consult and coordinate with the student's parents and health care 18 19 provider, and train and supervise the appropriate school district personnel in proper procedures for care for students with diabetes to 20 ensure a safe, therapeutic learning environment. Training may also be 21 22 provided by a diabetes educator who is nationally certified. Training and supervision requirements under this subsection do not extend to 23 24 parent-designated adults.
- NEW SECTION. **Sec. 3.** A new section is added to chapter 28A.210 RCW to read as follows:
- 27 A school district, school district employee, agent, parentdesignated adult, or volunteer who, acting in good faith and in 28 29 substantial compliance with the student's individual health plan and the instructions of the student's licensed health care professional, 30 provides assistance or services under section 1 or 2 of this act shall 31 not be liable in any criminal action or for civil damages in his or her 32 33 individual or marital or governmental or corporate or other capacities 34 as a result of the services provided under section 1 or 2 of this act to students with diabetes. 35
- 36 <u>NEW SECTION.</u> **Sec. 4.** This act takes effect July 1, 2002."

1 Correct the title.

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